

COMPLETE THIS SECTION

items 1, 2, and 3. Also complete
 restricted Delivery is desired.
 name and address on the reverse
 can return the card to you.
 card to the back of the mailpiece,
 front if space permits.

essed to:

. Lanjahr
 wing St.
 , WA 98119

Foss Maritime

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

M. Gaze

B. Date of Delivery

12-9

C. Signature

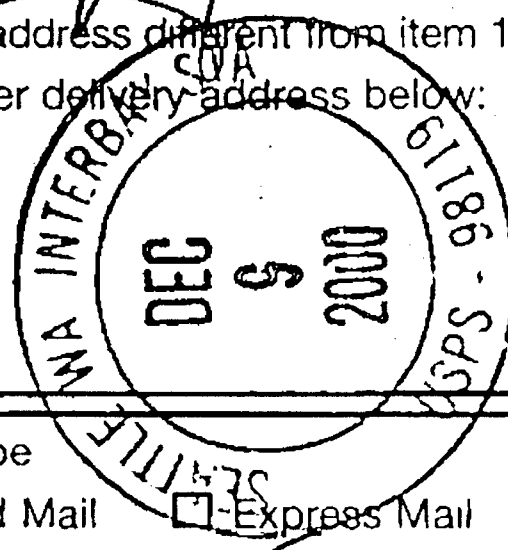
[Signature] CSC

☒ Agent
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No



3. Service Type

☒ Certified Mail ☒ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

ber (Copy from service label)

44 317 676

1, July 1999

Domestic Return Receipt

102595-99-M-1789



12/9/00
 11.3.16
 PORSE

UNITED STATES POSTAL SERVICE



12.2.2

First-Class
Postage
USPS
Permit No

- Sender: Please print your name, address, and ZIP+4 in this box

US EPA REGION 10
1200 6th Avenue, MS ECL 115
Seattle, WA 98101

USEPA SF



1146255

